

Case Number:	CM15-0067794		
Date Assigned:	04/15/2015	Date of Injury:	10/18/2011
Decision Date:	05/19/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female, with a reported date of injury of 10/18/2011. The diagnoses include bilateral knee contusion. Treatments to date have included cyclobenzaprine, Daypro, home exercise program, naproxen, and Soma. The progress report dated 03/13/2015 indicates that the injured worker continued to have pain in both of her knees. She denied numbness or tingling of the lower extremities and radiating pain for the lower extremities. The objective findings include bilateral range of motion as 0 to 130 degrees, effusion, bilateral tenderness to palpation, and normal motor, reflex, and sensory exam of the lower extremities. The treating physician requested Carisoprodol (Soma) 350mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350mg count #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Muscle relaxants, Carisoprodol Page(s): 60-61, 63-66, 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants.

Decision rationale: Carisoprodol (Soma) is a muscle relaxant class medication. According to MTUS guidelines, muscle relaxants are recommended for chronic pain for a short course of therapy for acute exacerbations. Muscle relaxants may be effective in reducing pain and muscle tension, but in most back pain cases, they show no benefit beyond NSAIDs. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include documentation improvement in function and increased activity. ODG also states that a short course of therapy is recommended, and that this medication should not be used with other agents. Both MTUS and ODG state that Carisoprodol is not recommended, due to the main effect of generalized sedation and treatment of anxiety and potential for abuse. The medical documentation indicates the intention is to treat chronic pain with this medication, which is outside the usual greatest benefit seen with muscle relaxants. The treating physician has not provided rationale for the use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific improvement while on previous muscle relaxants. The documentation indicates that the patient continues to have pain and decreased functional status with no improvement. The patient is also on other chronic pain medication, which is not recommended. Carisoprodol is also specifically not recommended by guidelines. Therefore, the request for Carisoprodol 350 mg #60 is not medically necessary.